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From The Editor: Demonstrating implementation of clinical research into clinical practice

James Peter Meza

Wayne State University School of Medicine, jmeza@med.wayne.edu

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FROM THE EDITOR:

Demonstrating implementation of clinical research into clinical practice

JAMES P. MEZA, MD, PhD, Wayne State University School of Medicine, jmeza@med.wayne.edu

The unique contribution of *Clinical Research in Practice: The Journal of Team Hippocrates* is the demonstration of implementation practices for medical evidence. We explore the transition from abstract science to clinical decision-making, acknowledging how important that transition is to our patients and to the health of our communities. Physicians are given authority in society because they are scientists. This comes with an expectation that physicians have developed and maintained an ability to interpret, analyze and apply rigorous scientific research. They are also expected to use these skills to generate recommendations, taking into account the best interest of the patient sitting with them in the exam room or hospital bed. However, learning to make these decisions is not simple. There is no algorithm or formula to guide us step-by-step; learning these skills is a longitudinal process that requires experience. This journal shares experiential knowledge, a time-honored method for learning clinical judgment and decision-making. Such sharing is at the heart of the Hippocratic Oath.

We continue to publish papers that demonstrate implementation of clinical research into clinical practice settings. In this Issue, we publish our second Informed Consent manuscript. Informed consent is a conversation—not a piece of paper. I believe this was the intent of Gordon Guyatt when he said, “Evidence does not make decisions, people do.”¹

References

1. Haynes RB, Guyatt GH. Physicians' and patients' choices in evidence based practice. *BMJ* 2002;324:1350
doi: [10.1136/bmj.324.7350.1350](https://doi.org/10.1136/bmj.324.7350.1350)

Clinical Research in Practice Editor JAMES P. MEZA, MD, PhD teaches Translational Medicine and Evidence Based Practice at Wayne State University School of Medicine. He is also the Director of Research at Oakwood Annapolis Hospital Family Medicine Residency.



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